



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

September 21, 2007

TO: IC Education Program Sponsors

FR: Robin Shively, Manager  
EMS & Trauma Systems Section

RE: IC Examination Administration

Effective October 1, 2007 the administration of the IC examination will be conducted by the Michigan Department of Community Health, EMS & Trauma Systems Section. With this change a monthly examination schedule has been established. The IC exam will be offered at the department on the third Tuesday of each month (exam schedule posted on our website). There will be a 9am and 2 pm start time available.

For IC programs more than 150 miles from Lansing, the Department will offer one exam opportunity, administered at the program site, on a date and time mutually agreed upon.

Finally, there will no longer be an administration fee for the IC examination.

Applicants, once authorized to test, will need to complete an exam reservation form and submit it directly to the department. Find enclosed the reservation form that will need to be completed and submitted to the Department. This form is also available on our website at [www.michigan.gov/ems](http://www.michigan.gov/ems).

Please share this information with any current students and previous students still in the testing process.

If you have any questions, contact Tony Sorensen at [tsoren@michigan.gov](mailto:tsoren@michigan.gov) or (517) 335-1825.



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## MICHIGAN EMS IC EXAM RESERVATION FORM

Name: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Michigan EMS IC candidates **Mail or fax form to:**

Michigan Department of Community Health  
EMS and Trauma Systems Section  
201 Townsend Street  
Lansing, Michigan 48913  
Fax#517/241-9458

**Do not send anything to the National Registry office – this will only cause delays.**

**Program Sponsor:** \_\_\_\_\_

**Course Completion Date** \_\_\_\_\_

Exam attempt:

\_\_\_\_\_ Initial

\_\_\_\_\_ Retest (date of initial test \_\_\_\_\_)

***Confirmation will be sent when exam is confirmed***

Exam date/time: (please list **3** choices)\*

1st choice (date): \_\_\_\_\_

2nd choice (date): \_\_\_\_\_

3rd choice (date): \_\_\_\_\_

Other: \_\_\_\_\_

**EXAM DATES: [www.michigan.gov/ems](http://www.michigan.gov/ems)**

☐ 9:00 AM ☐ 2:00 PM

☐ 9:00 AM ☐ 2:00 PM

☐ 9:00 AM ☐ 2:00 PM

Available Examination Dates:

October 16, 2007

November 20, 2007

December 18, 2007

January 15, 2008

February 19, 2008

March 18, 2008

April 15, 2008

May 20, 2008

June 17, 2008

July 15, 2008

August 19, 2008

September 16, 2008

October 21, 2008

November 18, 2008

December 16, 2008

Exams will be held at the Michigan Department of Community Health, 201 Townsend Street, Lansing, Michigan 48913. Form must be received prior to the first day of the month of the exam date selected. You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter.**